

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Emergency Medical Services County Grant Program - Grant Application and Resolution

DEPARTMENT: Fiscal Services

DIVISION: Administration - Fiscal Services

AUTHORIZED BY: Lisa Spriggs

CONTACT: Tad Stone, Jennifer Bero

EXT: 5001, 7163

MOTION/RECOMMENDATION:

(1) Approve submission of a grant application to the Florida Department of Health requesting the allocation of \$307,668.00 through their Emergency Medical Services County Grant Program; (2) approve and authorize the Chairman to execute a supporting resolution that certifies use of the funds; and (3) authorize the Chairman to execute any other documents required for the grant application submission.

County-wide

Jennifer Bero

BACKGROUND:

The Florida Department of Health provides annual funding to local government for the improvement and expansion of emergency medical services (EMS). These dollars are deposited into the state EMS Trust Fund from traffic fine surcharges as specified in FS 401.113(1).

Staff received notification that the FY 2009/10 allotment to Seminole County is \$307,688.00. For the funds to be received, the county must submit an application identifying how the dollars will be utilized and accepting the terms and conditions of the grant. The proposed projects are to purchase and install Tone Alerting and Simulation Lab equipment, and to secure National Accreditation of the Fire Division for EMS Services. Please see the attached abstract for more project information and the attached draft application for the grant terms and conditions.

Also, the grantor requires with the application a current resolution from the Board certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures. Such resolution is attached for Board approval.

Although there is no match required for the grant, the cost of the three projects combined exceeds the current award amount. The existing balance in the EMS Trust Fund from previous awards combined with the current award is more than sufficient to accommodate the proposed project costs. The budget amendment request to allocate the anticipated revenue and expenditures will be presented for Board approval upon notice of grant award.

STAFF RECOMMENDATION:

Staff recommends that the Board approve to submit a grant application to the Florida Department of Health requesting the allocation of \$307,668.00 through their Emergency Medical Services County Grant Program; approve and authorize the Chairman to execute a supporting resolution that certifies use of the funds; and authorize the Chairman to execute any other documents required for the application submission.

ATTACHMENTS:

1. Project Summary
2. Resolution
3. Application with Grant Terms

Additionally Reviewed By:

■ Budget Review (Lisa Spriggs)

■ County Attorney Review (Arnold Schneider)

**GRANT PROPOSAL REVIEW FORM – ABSTRACT
GRANTS ADMINISTRATION DIVISION**

FUNDER: Florida Department of Health

DATE DUE: January 29, 2010

PROJECT TITLE: Tone Alerting Project; Simulation Lab Project; National Accreditation

DEPARTMENT: Public Safety

PROJECT MANAGER: Tad Stone, Public Safety Department Director

PROJECT DESCRIPTION: The following describes the three proposed projects:

(1) The existing **Motorola 2 Tone** does not allow for the simultaneous alerting and notification of EMS/Fire/Rescue system (which includes all providers operating within Seminole County) and this has a direct impact on overall countywide response times. The “Motorola 2 tone” system broadcasts in sequential tones causing up to a 60 second delay in the EMS/Fire/Rescue notification and alerting process. The current RF/Analog system does not meet the requirements of NFPA 1221 or NFPA 1710. There are not any redundant EMS/Fire/Rescue notification platforms in place in the event of any failure in the current system. This proposed system will capture the framework of the existing FCC licensed VHF frequencies as well as the fiber optic network in place throughout the county. This will move the alert toning and notification system to a complete digital format and reduce ALL notifications to less than 1 second. This system will also provide redundancy to the notification system. The County has advertised and received all the necessary information through a RFP/RFI process and has negotiated with a vendor for the best and lowest fixed price. **(\$553,350.00)**

(2) **The EMS simulation lab** will utilize 3 previously unused rooms at the Fire Training Center. The spaced will be utilized for dedicated Emergency Medical Services simulation training and will consist of a small classroom area, a simulation area and an observation area. The simulation area will mimic several scenarios typically encountered in the home environment such as a child’s crib area, a bedroom and a kitchen area which are typical locations in the home that patient care is provided. The area will provide real time simulation in the medical care of the sick and injured and will provide the opportunity for personnel to receive required continuing education credits. **(\$38,900.00)**

(3) The last one is for **national accreditation** of the Seminole County EMS/Fire/Rescue Division for the EMS service. This pays for the fees and the travel costs of the accreditation team. **(\$13,000.00)**

CURRENT GRANT AMOUNT: \$307,668.00

PREVIOUSLY AWARDED (EMS Trust Fund): \$297,582.00

TOTAL PROJECT COST: **\$605,250.00**

GRANT FUNDING TYPE: ☐COMPETITIVE ☒ENTITLEMENT

THE FOLLOWING RESOLUTION WAS ADOPTED BY THE BOARD OF COUNTY COMMISSIONERS OF SEMINOLE COUNTY, FLORIDA AT THEIR REGULARLY SCHEDULED MEETING OF _____, 2010.

WHEREAS, The Board of County Commissioners (the "Board") of Seminole County, Florida (the "County") is charged with responsibility of providing emergency medical services ("EMS") for the unincorporated areas of the County as well as for certain of the incorporated municipalities therein; and

WHEREAS, it is the intent of the Board that the EMS provided by and through the County's Public Safety Department be adequately staffed, equipped, trained and coordinated within the Department as well as better coordinated with other public safety agencies within the County and the larger metropolitan area; and

WHEREAS, meeting the aforementioned objectives necessarily entails the enhancement and expansion over presently provided levels of EMS; and

WHEREAS, the Florida Legislature has enacted various fines and surcharges for certain traffic and boating offenses as described in sections 316.061, 361.192, 318.21 and 938.07, Florida Statutes, portions of which are deposited to the State's Emergency Medical Services Trust Fund and applied in accordance with section 401.113, Florida Statutes; and

WHEREAS, up to forty-five percent (45%) of the moneys in the State's Emergency Medical Services Trust Fund are to be returned to the counties according to the proportion of the combined amount

deposited to the Trust Fund from the county where the moneys were collected; and

WHEREAS, such distributions must be used for the improvement and expansion of pre-hospital EMS and related services within the County's service area and as described in section 401.113(b), Florida Statutes;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SEMINOLE COUNTY, FLORIDA, THAT:

(1) The above recitals are true and correct and form a material part of this Resolution.

(2) The Board hereby approves and authorizes staff to submit an application to the Florida Department of Health, Bureau of Emergency Medical Services for a fiscal year 2009-2010 EMS grant award from the State's Emergency Medical Services Trust Fund.

(3) The Board hereby certifies that it shall only use grant proceeds for the enhancement and expansion of EMS services as heretofore described and shall adhere to all of the terms and conditions of the Grant Application Packet attached hereto as Exhibit "A" and incorporated herein by reference.

ADOPTED this _____ day of _____, 2010.

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida

By: _____
BOB DALLARI, Chairman

Attachment:

Exhibit "A" - EMS County Grant Application Packet



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

October 23, 2009

Chairperson
Seminole County BOCC
1101 E. 1st Street
Sanford, FL 32771

Dear Chairperson:

We are pleased to announce that effective the date above you may apply for your county's state EMS annual grant for the improvement and expansion of emergency medical services (EMS). The amount of your grant award is \$307,668.00. The sum is 45 percent of the funds your county deposited into the state EMS Trust Fund for traffic fine surcharges as specified in Section 401.113(1), *Florida Statutes*.

This grant is not competitive and your application for funds to improve and expand EMS will be approved if the required forms are properly completed, signed, and submitted. Also, your organization must be in compliance with other state grant requirements. Replacement and ongoing costs are not allowable. We are again using the 2002 edition grant booklet and forms. If you need a copy please contact me or obtain them online at <http://www.fl-ems.com/Grants/Grants.html>.

The application forms are pages 3-5 in the grant booklet. Item 4 in the application form describes and requires a current resolution from the Board of County Commissioners (BOCC). Complete and return the original plus one copy of DH Form 1684, DH Form 1767P, and the resolution (all three documents must be signed) to the following address:

EMS County Grant Program
DOH Emergency Medical Services
4052 Bald Cypress Way, Bin C18
Tallahassee, FL 32399-1738

The deadline for us to receive completed applications is January 29, 2010, 5:00 PM, Eastern Standard Time. We will process completed applications after this deadline for those who will receive advance payment of your grant funds.

Thank you for your cooperation and support to improve and expand access to quality EMS. Please contact me at telephone (850) 245-4440, extension *2734, if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Alan Van Lewen".

Alan Van Lewen
Health Services and Facilities Consultant
Grants Unit

cc: Mr. Tad Stone

EXHIBIT A



FLORIDA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES

**EMS COUNTY GRANT PROGRAM
APPLICATION PACKET**

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EMS COUNTY GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

Complete all items

ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) C

1. County Name: <u>Seminole County</u>
Business Address: <u>1101 E 1st Street</u>
<u>Sanford, Florida 32771</u>
Telephone: <u>407-665-5000</u>
Federal Tax ID Number (Nine Digit Number): <u>VF 596000856</u>

2. Certification: (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.	
Signature:	Date:
Printed Name: <u>Bob Dallari</u>	
Position Title: <u>Chairman, Board of County Commissioners</u>	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name: <u>T.E. Stone</u>	
Position Title: <u>Director of Public Safety</u>	
Address: <u>150 Bush Blvd</u>	
<u>Sanford, Florida 32771</u>	
Telephone: <u>407-665-5000</u>	Fax Number: <u>407-665-5036</u>
E-mail Address: <u>tstone@seminolecountyfl.gov</u>	

4. Resolution: Attach a current resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures.
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5. Budget: Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)
<u>Seminole</u>

BUDGET PAGE**A. Salaries and Benefits:**

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
	0
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

B. Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
Labor associated with Tone Alerting Project	22,000
Labor associated with Simulation Lab Project	25,000
Cost associated with CAAS	13,000
TOTAL	\$ 60,000

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
Equipment for Tone Alerting Project	531,350
Equipment for Simulation Lab Project	13,900
TOTAL	\$ 545,250
Grand Total	\$ 605,250

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(b), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion or continuation of pre-hospital EMS.

DOH Remit Payment To:

Name of Agency: Seminole County

Mailing Address: 1101 E 1st Street

Sanford, Florida 32771

Federal Identification Number 596000856

Authorized Agency Official: _____

Signature

Date

Bob Dallari

Type Name and Title

Sign and return this page with your application to:

*Florida Department of Health
BEMS Grant Program
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____ Grant ID Code: _____

Approved By: _____
Signature of EMS Grant Officer Date

State Fiscal Year: _____

Organization Code E.O. OCA Object Code
64-42-10-00-000 750000

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

Department of Health EMS GRANT PROGRAM CHANGE REQUEST

Name of Grantee: _____ Grant ID Code: _____

BUDGET LINE ITEM	CHANGE FROM	CHANGE TO
TOTAL	\$	\$

Justification For Change:

Signature of Authorized Official

Date

For department use only.

Approved Yes ☐ No ☐ Change No: _____

Department's Authorized Representative

Date

Department of Health
EMS GRANT PROGRAM EXPENDITURE REPORT

Name of Grantee: _____ **Grant ID Code:** _____

Time Period Covered: Beginning Date: _____ Ending Date: _____

Earned Interest: Amount \$ _____; as of _____
Day Month Year

Final Report (Check one): ☐ Yes ☐ No

Major Line Items	TOTAL
Approved Budget Expenditure by Major Line Item(s)	\$
TOTAL BUDGETED EXPENDITURES	\$

Actual Expenditure to Date by Major Line Item(s)	\$
TOTAL EXPENDITURES	\$

BALANCE (Budgeted Less Actual Expenditures)	\$
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Include with the progress notes an explanation of how project personnel, equipment, and any problems or barriers may impact on the grant progress.

I certify the above reports are true and correct. Expenditures were made only for items allowed by the above referenced grant.

Signature of Authorized Official

Date _____

GENERAL CONDITIONS AND REQUIREMENTS

The EMS County grant general conditions and requirements are an integral part of the county grant agreement between the agency/organization (grantee) and the state of Florida, Department of Health (grantor or department). In the event of a conflict, the following requirements shall always be controlling:

FINANCIAL

FUND ACCOUNTING:

All state EMS grant funds shall be deposited by the grantee in an account maintained by the grantee, and assigned an unique accounting code designator for all grant deposits and disbursements or expenditures thereof. All state EMS grant funds in the account maintained by the grantee shall be accounted for separately from all other grantee funds.

USE OF COUNTY GRANT FUNDS:

All state EMS grant funds shall be used between the beginning and ending dates of the grant solely for activities as outlined in the Notice of Grant Award letter, its attachments if any, and the application including its budget with its revisions, if any, on file in the state EMS office.

The grantee is not restricted to staying within the line item amounts within the approved grant budget. However, the grantee must adhere to the approved total grant budget. Any expenditures beyond this budget are the full responsibility of the grantee.

ROLLOVERS

Any unencumbered EMS county grant program funds as of September 30, of each year, including interest, remaining in the assigned grantee account at the end of a grant period shall be reported to the department. The grantee will retain these funds in the EMS County Grant account and include them in a budget revision request after receipt of approval of their next county grant application.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget, including approved change requests, or are clearly included under an existing line item.

Any disallowed EMS county grant expenditure shall be returned to the EMS county grant account maintained by the grantee within 40 days after the department's notification. The costs of disallowed items are the responsibility of the county.

VEHICLES AND EQUIPMENT

The grantee shall own all items, including vehicles and equipment purchased with the state EMS grant funds, unless otherwise described in the approved grant application. The grantee shall clearly document the assignment of equipment ownership and usage; and maintain these documents so they are available to the department. The owner of the vehicle shall be responsible for the proper insurance, licensing and, permitting and maintenance. All equipment purchased with grant funds shall continue to be used for pre-hospital EMS or the purpose for which it was purchased throughout its useful life. When any grant-funded equipment is no longer usable, it may be sold for scrap or disposed of in the customary procedure of the receiving agency.

TRANSFER OF PROPERTY

A private organization owning any equipment funded through the grant program in whole or in part and purchased that equipment to provide services for a municipality, county or other public agency ceasing operation within five years of the ending date of a grant awarded to the organization shall transfer the equipment or other items to the local agency. There shall be no cost to the recipient organization. This provision is applicable when services cease operating due to a contract ending as well as any other reason.

REQUESTS FOR CHANGE

After a grant has been awarded, all requests for change shall be on DH Form 1684C EMS Grant Program Change Request, December 2008. The grantee shall obtain written approval from the department prior to making the requested changes. The following changes must be requested:

1. Changes in the project activities.
2. Redistribution of the funds between entities or equipment approved.
3. Establishing a new line item in the budget.
4. Changing a salary rate more than 10%.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other funding source. Funds received under the county award grant program cannot be used to fulfill the matching requirement for the matching grant program.

DEPOSIT OF FUNDS

County grant funds provided to an applicant shall be deposited in a separate account. All interest earned shall be documented on the required reports.

REPORTS

Each grantee shall submit two reports to the department. The due dates for the required reports shall be specified in the letter from the department notifying the grantee of the grant award. These reports shall include, at a minimum, a narrative of the activities completed or the progress of grant activities during the reporting period. A report shall be submitted by the due date whether or not any action or expenditures have occurred.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. Should this not be possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes a copy of the "Notice of Grant Award" letter, a copy of the application and department approved budget and a copy of all approved changes.

FINAL REPORTS

Within 120 days of the grant ending date a final report shall be submitted to the department. The final report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

COMMUNICATIONS EQUIPMENT

The grantee shall have all communications activities, services, and equipment approved in writing by the Department of Management Services, Information Technology Program (ITP). The approval shall be dated after the beginning date of the grant. Any commitment to purchase the requested equipment and service shall also be dated after the beginning date of the grant.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date. Rollover funds may be used to meet expenditures prior to receipt of current year funds.

CREDIT STATEMENT

The grantee ensures that where activities supported by this grant produce original writing, sound recording, pictorial reproductions, drawings or other graphic representations and works of any other nature, notices, informational pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the provider shall include the statement:

"Sponsored by [Your Organization's Name] and the State of Florida, Department of Health, Bureau of Emergency Medical Services."

If the sponsorship reference is in written or other visual material, the words, "State of Florida, Department of Health, Bureau of Emergency Medical Services" shall appear in the same size letter or type as the name of the grantee's organization.

One complimentary copy of all such materials shall be sent to the department within three weeks of their reproduction and delivery to the grantee.

If the proper credit statement is not included, or if a copy of each item produced is not provided to the department within three weeks, the cost for any such materials produced shall be disallowed.

Where activities supported by this grant produce writing, sound recordings, pictorial reproductions, drawings, or other graphic representations and works of any similar nature, the department has the right to use, duplicate and disclose such materials in whole or in part, in any manner or purpose whatsoever and others acting on behalf of the department. If the materials so developed are subject to copyright, trademark, or patent, legal title and every right, interest, claim, or demand of any kind in and to any patent, trademark or copyright, or application for the same, will vest in the State of Florida, Department of State, for the exclusive use and benefits of the state. Pursuant to section 286.02 (1), F.S., no person, firm or corporation, including parties to this grant, shall be entitled to use the copyright, patent or trademark without the prior written consent of the Department of State.

FINANCIAL AND COMPLIANCE AUDIT REQUIREMENTS

This is applicable, if the provider or grantee, hereinafter referred to as provider, is any local government entity, nonprofit organization, or for-profit organization. An audit, performed in accordance with section 215.97, F.S. by the Auditor General shall satisfy the requirement of this attachment.

STATE FUNDED

This part is applicable if the provider is a nonprofit organization that expends a total of \$100,000 or more in funds from the department during its fiscal year, which was not paid from a rate contract based on a set state or area-wide fixed rate for service, and of which less that

\$300,000 is federally funded. The determination of when a provider has "expended" funds is based on when the activity related to the award occurs.

The grantee agrees to have an annual financial audit performed by independent auditors in accordance with the current Government Auditing Standards issued by the Comptroller General of the United States. Such audits shall cover the entire organization for the organization's fiscal year. The scope of the audit performed shall cover the financial statements and include reports on internal control and compliance. The reporting package shall include a schedule that discloses the amount of expenditures and/or receipts by grant number for each grant with the department in effect during the audit period. Compliance findings related to grants with the department shall be based on the grant requirements, including any rules, regulations, or statutes referenced in the grant. The financial statements shall disclose whether or not the matching requirement was met for each applicable grant. All questioned costs and liabilities due to the department shall be fully disclosed in the audit report with reference to the department grant involved. If the grantee receives funds from a grants and aids appropriation, the provider shall have an audit, or submit an attestation statement, in accordance with Section 215.97, F. S. The audit report shall include a schedule of financial assistance, which discloses each state grant by number and indicates which grants are funded from state grants and aids appropriations. The grantee has "received" funds when it has obtained cash from the department or when it has incurred reimbursable expenses.

The grantee agrees to submit the required reports.

SUBMISSION OF AUDIT REPORTS

Copies of the audit report and any management letter by the independent auditors, or attestation statement, required by this attachment shall be submitted within 180 days after the end of the grantee's fiscal year to the following, unless otherwise required by F. S.:

A. Send one copy to:

Florida Department of Health
Contract Administrative Monitoring Unit
4052 Bald Cypress Way, BIN B01
Tallahassee, Florida 32399-1729

B. Submit to this address only those audits performed or attestation statements prepared in accordance with Section 215.97, F. S.:

Send two copies to:

Auditor General's Office
Local Government Audits/342
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450

C. Do not send this report to the state Bureau of EMS.

RECORDS RETENTION

The grantee shall ensure that audit working papers are made available to the department, or its designee, upon request for a period of five years from the date the audit report is issued, unless extended in writing by the department.

R5509009

BOCC0001

COUNTY COMMISSION - SEMINOLE
SECT/FUND EXPENDITURE STATUS - LVL 5

07/08

11/04/09 11:05:13

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For the Fourteen Periods Ending September 30, 2008

Description	ORIGINAL BUDGET	CURRENT BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXPENDITURES	AVAILABLE BALANCE	% AVAL
055018 ADMINISTRATION/EMS TRUST							
500000 EXPENDITURES/EXPENSES							
510000 PERSONAL SERVICES							
510100 Salaries and Wages							
510200 Fringes and Contributions							
530000 OPERATING EXPENDITURES							
530300 Operating Expenditures							
530400 Travel and Per Diem	2,500	2,500	215.70		846.90	1,653.10	66
530410 Communications					246.12	246.12	
530440 Rental and Leases	1,000	1,000				1,000.00	100
530460 Repairs and Maintenance	15,000	15,000				15,000.00	100
530470 Printing and Binding	400	400				400.00	100
530499 Charges/Obligations-Contingenc	332,591	304,091				304,091.00	100
530510 Office Supplies	1,500	1,500			93.16	1,406.84	94
530520 Operating Supplies	15,100	15,100			1,729.06	13,370.94	89
530540 Books, Dues Publications	8,000	8,000			932.39	7,067.61	88
530300 Operating Expenditures	376,091	347,591	215.70		3,847.63	343,743.37	99
530000 OPERATING EXPENDITURES	376,091	347,591	215.70		3,847.63	343,743.37	99
560000 CAPITAL OUTLAY							
560001 Capital Outlay							
560642 Equipment >\$4999	50,000	78,500			27,792.00	50,708.00	65
560001 Capital Outlay	50,000	78,500			27,792.00	50,708.00	65
560000 CAPITAL OUTLAY	50,000	78,500			27,792.00	50,708.00	65
500000 EXPENDITURES/EXPENSES	426,091	426,091	215.70		31,639.63	394,451.37	93
055018 ADMINISTRATION/EMS TRUST	426,091	426,091	215.70		31,639.63	394,451.37	93
11800 EMS TRUST FUND	426,091	426,091	215.70		31,639.63	394,451.37	93
	426,091	426,091	215.70		31,639.63	394,451.37	93

RS509009

BOCC0001

COUNTY COMMISSION - SEMINOLE
SECT/FUND EXPENDITURE STATUS - LVL 5

For the Fourteen Periods Ending September 30, 2009

08/09

11/04/09 11:04:21

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Description	ORIGINAL BUDGET	CURRENT BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXPENDITURES	AVAILABLE BALANCE	% AVAL
055018 ADMINISTRATION/EMS TRUST							
500000 EXPENDITURES/EXPENSES							
510000 PERSONAL SERVICES							
510100 Salaries and Wages							
510200 Fringes and Contributions							
530000 OPERATING EXPENDITURES							
530300 Operating Expenditures							
530310 Professional Services				1,500.00	16,500.00	18,000.00-	
530400 Travel and Per Diem	2,500	2,500				2,500.00	100
530440 Rental and Leases	1,000	1,000				1,000.00	100
530460 Repairs and Maintenance	15,000	15,000				15,000.00	100
530470 Printing and Binding	400	400				400.00	100
530499 Charges/Obligations-Contingenc	491,528	496,284				496,284.00	100
530510 Office Supplies	1,500	1,500				1,500.00	100
530520 Operating Supplies	15,100	15,100				15,100.00	100
530540 Books, Dues Publications	8,000	8,000				8,000.00	100
530300 Operating Expenditures	535,028	539,784		1,500.00	16,500.00	521,784.00	97
530000 OPERATING EXPENDITURES	535,028	539,784		1,500.00	16,500.00	521,784.00	97
560000 CAPITAL OUTLAY							
560001 Capital Outlay							
500000 EXPENDITURES/EXPENSES	535,028	539,784		1,500.00	16,500.00	521,784.00	97
055018 ADMINISTRATION/EMS TRUST	535,028	539,784		1,500.00	16,500.00	521,784.00	97
11800 EMS TRUST FUND	535,028	539,784		1,500.00	16,500.00	521,784.00	97
	535,028	539,784		1,500.00	16,500.00	521,784.00	97

R5509009

BOCC0001

COUNTY COMMISSION - SEMINOLE
SECT/FUND EXPENDITURE STATUS - LVL 5

For the Two Periods Ending November 30, 2009

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Description	ORIGINAL BUDGET	CURRENT BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXPENDITURES	AVAILABLE BALANCE	% AVAL
055018 ADMINISTRATION/EMS TRUST							
500000 EXPENDITURES/EXPENSES							
510000 PERSONAL SERVICES							
510100 Salaries and Wages							
510200 Fringes and Contributions							
530000 OPERATING EXPENDITURES							
530300 Operating Expenditures							
530400 Travel and Per Diem	2,500	2,500				2,500.00	100
530440 Rental and Leases	1,000	1,000				1,000.00	100
530460 Repairs and Maintenance	15,000	15,000				15,000.00	100
530470 Printing and Binding	400	400				400.00	100
530499 Charges/Obligations-Contingenc	600,784	600,784				600,784.00	100
530510 Office Supplies	1,500	1,500				1,500.00	100
530520 Operating Supplies	15,100	15,100				15,100.00	100
530300 Operating Expenditures	636,284	636,284				636,284.00	100
530000 OPERATING EXPENDITURES	636,284	636,284				636,284.00	100
560000 CAPITAL OUTLAY							
560001 Capital Outlay							
560650 Construction In Progress	30,000	30,000				30,000.00	100
560001 Capital Outlay	30,000	30,000				30,000.00	100
560000 CAPITAL OUTLAY	30,000	30,000				30,000.00	100
500000 EXPENDITURES/EXPENSES	666,284	666,284				666,284.00	100
055018 ADMINISTRATION/EMS TRUST	666,284	666,284				666,284.00	100
11800 EMS TRUST FUND	666,284	666,284				666,284.00	100
	666,284	666,284				666,284.00	100